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COVER: On 24 January the Aegis guided missile destroyer USS *Bulkeley* (DDG-84) was christened in Pascagoula, MS. The vessel honors the name of World War II hero VADM John D. Bulkeley, USN. The admiral's physician remembers his patient. Story on page 12. Cover art by Sally Hobson, NSHS, Bethesda, MD.

Developing Regional Outbreak Response Capabilities Early Warning Outbreak Recognition System (EWORS)

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CDR Michael McCarthy, MC, USN
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Sumarjati Arjoso
Maidy Putri
Doris M. Ryan
LT Paul D. Mills, MSC, USN
LT Christopher Angelo Foster, MSC, USN
CAPT James R. Campbell, MSC, USN

NAMRU-2

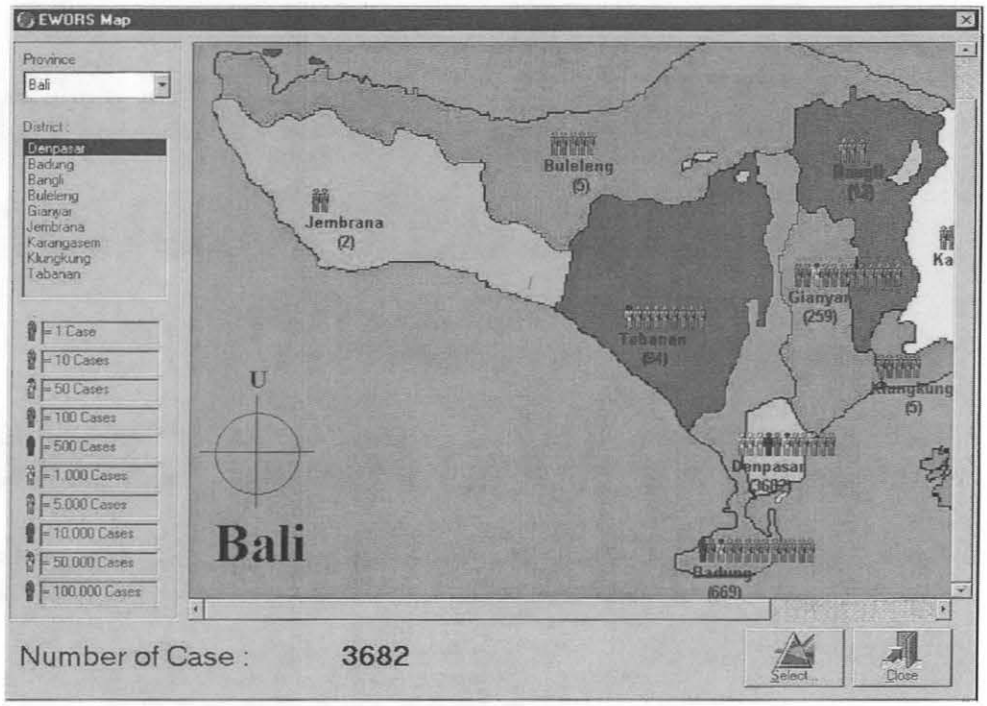
The U.S. Naval Medical Research Unit No. 2 (NAMRU-2), located in Jakarta, Indonesia, is the Navy's premier infectious disease research laboratory serving the Fleet and Fleet Marine Force in the Asian-Pacific Rim. The laboratory provides advanced detection and field epidemiological expertise to combat regional disease threats to the U.S. military. In addition, NAMRU-2 provides significant USCINCPAC representation through numerous cooperative medical research initiatives across southeast Asia in Laos, Vietnam, Cambodia, and Singapore

Emerging Disease Surveillance Strategy

NAMRU-2 is pursuing a multi-fold strategy to develop regional outbreak response capabilities involving: 1) infectious Disease Outbreak Response Training workshops, five of which have already been conducted in the countries of Indonesia, Laos, and Cambodia; 2) developing laboratory diagnostic capabilities; 3) direct and indirect support of host-national outbreak investigations; and 4) implementation of the Early Warning Outbreak Recognition System (EWORS). These individual activities combine in a unique synergy to provide DOD with an overall assessment of regional disease threats likely to impact

large, immunologically naive populations such as U.S. and allied military personnel. Such disease threats usually develop over a short period of time and have the potential to significantly degrade operational readiness.

FIGURE 1:



EWORS provides for key function mapping for each site location in identifying geographic clustering of outbreak cases

EWORS

EWORS was conceived to fill a technology gap in regional surveillance capabilities that targeted early warning outbreak recognition. The system provides for timely and accurate dissemination of outbreak information leading to effective intervention measures, including investigative and containment activities. EWORS is designed as a complementary rather than an alternative system for conventional surveillance methodologies. The tremendous need for a simple yet functional surveillance system specifically designed for early warning outbreak recognition in southeast Asia is highlighted in Indonesia. There, limited public health resources are not always available to respond to suspected outbreak occurrences over an archipelago consisting of some 17,000 islands and inhabited by a population of 230 million. In Indonesia, against a background of limited disease reporting, particularly for outbreak response purposes, newspaper accounts suggestive of epidemic disease transmission often provide a principal source of information from which initial outbreak response activities are instigated.

EWORS is a simple and practical surveillance approach to outbreak recognition and reporting, with unique emphasis on: 1) establishing baseline measures for trend analysis to differentiate outbreak from non-outbreak disease occurrence; 2) syndromic in contrast to disease-specific reporting classifications; and 3) real time information dissemination and key-function data analysis for instant and programmed interpretation.

EWORS provides for:

—A baseline measure of disease occurrence for trend analysis. In many areas of southeast Asia, as in much of the developing world, standardized baseline measures for comparison and more importantly, for differentiation of outbreak from non-outbreak events, are notably lacking. Analysis of trends is only possible when data are routinely obtained for comparative purposes using the same collection and reporting format. Trend analysis also provides a unique opportunity to describe changing patterns in epidemic transmission. Cyclically, epidemic dengue hemorrhagic fever was observed as changing from every 4-5 years to an annual event, as recognized through an analysis of trend over time. EWORS delivers standardized data collection for making area-specific and regional comparisons.

—Real time transfer of data for rapid outbreak response measures. Most outbreaks in Indonesia and elsewhere in the region are only recognized long after the window of opportunity during which an effective response can be executed. Conventional surveillance efforts are generally slow and organizationally cumbersome and pre-

clude validation of epidemic occurrence, identification of causative etiology, recognition of transmission determinants, and appropriate public health intervention measures that include prevention and containment. The EWORS concept is predicated on same day transfer of information from network hospital sites to a central HUB (regional and national) for instant, menu driven, key function graphic analysis.

—Reliable syndromic conditions information. Significant variability in clinical training, historical disease experience and staffing composition, in the absence of supportive laboratory diagnostics, characterizes the relatively suspect nature of presumptive disease reporting throughout southeast Asia. From an emerging disease perspective, disease-specific classification in the context of early warning outbreak recognition contradicts the premise that epidemic occurrence is not defined by a suspected causative etiology until investigated. Outbreak response measures predicated on the wrong disease classification waste scarce health resources and generate inappropriate intervention efforts to retard the epidemic. EWORS employs a syndromic approach to a working diagnosis, which allows for reliable analysis of aggregate data to determine appropriate response measures. Also, syndromic EWORS reporting insures epidemic recognition involving similar signs and symptoms associated with the same outbreak.

The software design, which is currently under U.S. Patent review, runs on a Windows 32-bit Operating System. EWORS data entry functions are entirely menu driven, and programmed in the local language. It is currently available in both Indonesian and English language versions, and is being considered for translation into Tagalog for use in the Philippines. Data are transferred to Jakarta via modem to the Host, NAMRU-2 server. Data translation is facilitated by menu driven, variable dependent, key function analysis, e.g., cases of bloody diarrhea (three or more loose stools over the previous 24 hours) in children aged <5 years, by week, for the last 6 weeks. EWORS provides for user-friendly analysis, with emphasis on flexible, simple and quick data interpretation through graphic presentations like geographical mapping for recognition of case clustering as seen in Figure 1. Additionally, EWORS allows for off-line statistical applications with available software packages. Figure 2 shows the schematic flow of data using EWORS. From selected EWORS hospitals throughout the Indonesian archipelago, data are obtained from probably infectious disease cases in three accessioning clinics; Pediatrics, Internal Medicine, and Emergency Room, using a short (single page) standardized collection instrument. Data are then transferred daily into an EWORS terminal located at each of the hospital sites, downloaded, and transferred to the Host server located in Jakarta, which is operated jointly by NAMRU-2 and Badan LITBANGKES/Indonesian CDC (Directorate General Communicable Disease Control and Environmental Health Sanitation).

EWORS pilot implementation was initiated in January 1999, targeting large public hospital sites in Medan (Sumatra), Jakarta (Java), Denpasar (Bali), Pontianak (Kalimantan) and Ujung Pandag (Sulawesi). To date over 10,000 cases have been entered into the system. NAMRU-2's EWORS efforts with V. cholerae 0139 surveillance have already led to the recognition of a major diarrheal outbreak in Indonesia attributed to the

The flow of data transfer :

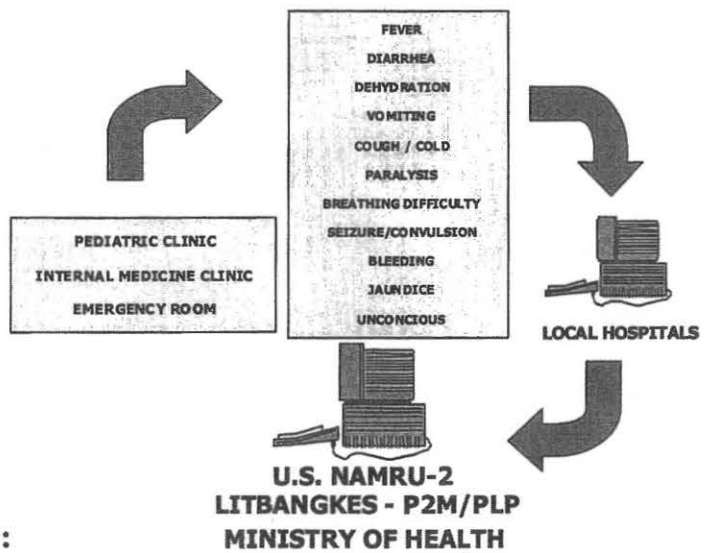
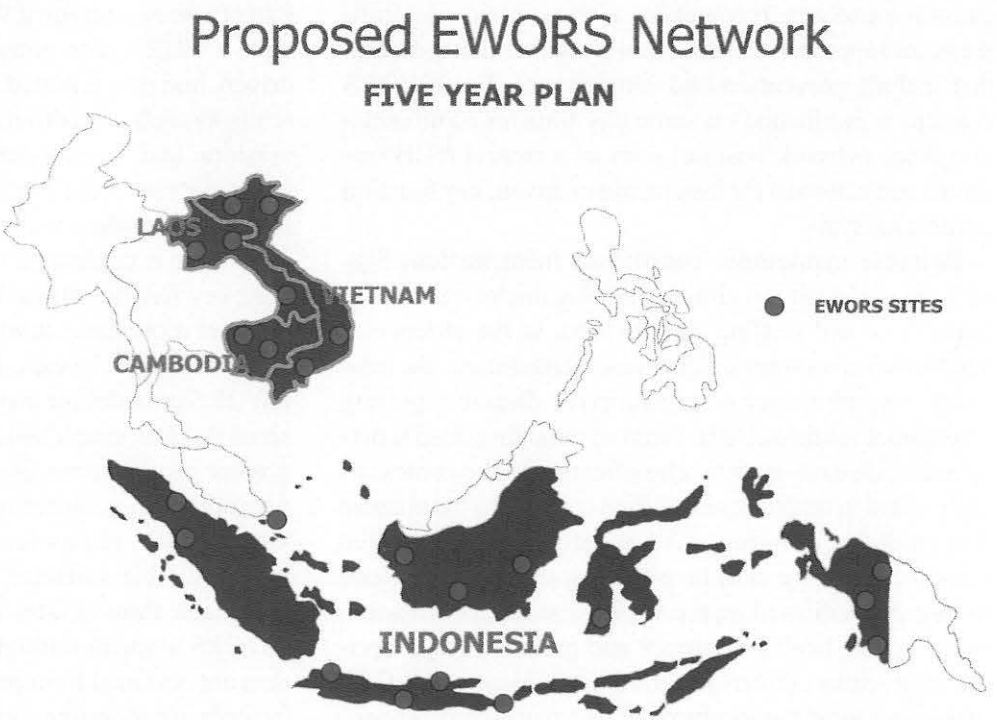


FIGURE 2:

Ogawa 01 strain of Vibrio cholerae E1 Tor biotype. An ambitious plan is now being implemented to expand the EWORS network over the next 5 years to additional locations in Indonesia including remote Irian Jaya, and the countries comprising Indochina (Laos, Vietnam, and Cambodia), through programmed GEIS funding (Figure 3).

FIGURE 3:



Discussion

Surveillance coordinated exclusively through hospital-based case recognition may introduce significant bias by failing to identify actual outbreak cases in the community. Patient utilization of hospitals may be correlated with proximity to health facilities, accessibility as determined by environmental conditions (e.g., flooding during the rainy season), economics and sociocultural factors. Epidemic disease transmission as a rural phenomenon would likely be missed with outbreak surveillance activities focused on urban-type settings.

The success of EWORS is predicated on a prompt and appropriate response to suggestive outbreak findings. The user population (EWORS clientele) will only support this additional expenditure of time, personnel, and money for outbreak surveillance if response measures can be brought to bear upon first indication of an outbreak warning. The preemptive outbreak response capability offered by EWORS effectively and uniquely meets this requirement.

Background

From a historical perspective, NAMRU-2's support of DOD infectious disease research interests dates back to the Command's inception on Guam in 1944, during World War II. NAMRU-2 subsequently moved to Taiwan in 1955, Vietnam in 1966, the Philippines in 1979, and finally to Indonesia. The Indonesia laboratory began as a detachment in 1970 to study epidemic plague, then transitioned to a Command echelon in 1990.

The NAMRU-2 staff includes 23 U.S. Navy and Army personnel and over 100 Indonesian health professionals. The Command operates under a country to country agreement with the Indonesian National Institutes for Health Research and Development (Badan LITBANGKES), in the Ministry of Health, focusing on parasitic, viral, bacterial and emerging diseases. NAMRU-2 also maintains a satellite laboratory and field research capabilities in easternmost Indonesia (Irian Jaya), primarily in support of malaria studies. Principal Command research activities include antimalarial drug evaluation and malaria immunology studies, dengue vaccine development efforts, mapping of antimicrobial drug resistance patterns and cholera vaccine efficacy evaluation. NAMRU-2's Emerging Diseases Program has described the causes and epidemiology of both endemic and epidemic jaundice disease, e.g., the unique jungle riverine ecology of hepatitis E virus transmission in southeast Asia and significant regional under-reporting of leptospirosis. Recognition and epidemiological description of additional emerging and re-emerging diseases have occurred through field and hospital outbreak investigations.

Recognition of NAMRU-2's laboratory diagnostic and field epidemiological strengths, and regional collaborative ties, led to the Command's official designation as a World Health Organization (WHO) Collaborating Center for Emerging and Re-emerging Diseases in 1997. Successful identification of emerging and re-emerging disease agents requires both basic diagnostic (clinical and labora-

tory) capabilities and a systematic epidemiological study approach. Under Presidential Directive, DOD recently initiated a significant new mission with its Global Emerging Infectious System (GEIS), taking advantage of the strategic positioning of the OCONUS laboratories worldwide. In support of this expanded mission, NAMRU-2 created and implemented a new surveillance approach to the study of emerging and re-emerging diseases that focuses on diseases of epidemic potential. The premise behind this strategy is that new or changing disease entities leading to increased virulence, expanded host or vector range, or emerging drug resistance are most likely to overwhelm immunologically naive, susceptible populations, and therefore present in epidemic form. ❑

CAPT Campbell, CDR Corwin, LT Mills, LT Foster, W. Larasati, and M. Putri are with U.S. Naval Medical Research Unit No. 2, a WHO-SEARO Collaborating Center for New and Emerging Diseases, Jakarta, Inodonesia.

CDR McCarthy and D. M. Ryan are with Naval Medical Research and Development, Bureau of Medicine and Surgery (MED-26).

C. H. Simanjuntak and S. Arjoso are with the National Institute of Health Research and Development, Indonesian Ministry of Health, Jakarta, Indonesia.

GREAT LAKES NURSE BRINGS PET THERAPY TO PATIENTS

Dealing with 56,000 recruits per year, Naval Hospital Great Lakes must face the challenges of a small percentage of recruits who suffer from psychological stress brought about by separation from home, a new environment, and new responsibilities. For most, a few days of recuperation at the Naval Hospital and counseling enables the recruit to return to training. LT David Senello, NC, has worked hard to bring a highly successful program that is rewarding to both patients, pets, and their owners. Dogs, cats, and birds make rounds to bring joy and physiological well-being to children, recruits and family members who are recuperating at Naval Hospital Great Lakes. "Request for pet therapy is initiated by a consult written by a medical officer," said LT Senello. The consult ensures that patients are not allergic to animals or have a fear associated with a certain pet. It also designates where the pet therapy is to take place. Owners selected to participate in the program are screened and their pets receive an added benefit of a full examination by the base U.S. Army Veterinary Corps Officer. "The Command Red Cross volunteers are responsible for orienting pet owners and training them as hospital volunteers," remarked Senello.

A child recovering from surgery smiled as she held a pet that reminded her of her pet at home, and recruits recuperating in the inpatient wards look forward to the weekly visits of their favorite pet and owner. The interaction between the pet, the pet owner, and patient is holistic medicine in practice and promotes well-being on the ward. "Pet therapy is known by many different names including animal assisted therapy and human-animal bonding," said CAPT Deborah Gray, NC, Director for Nursing Services. Gray went on to say, "Since 1942 when it was first introduced, this form of treatment has been proven a successful adjunct to traditional medical, nursing and physiological interventions and helps facilitate the health and well-being of patients, families, and staff." Medical literature is filled with examples of pet visitation lowering blood pressure, alleviating loneliness and decreased length of stay and use of pain medication. "We are proud to incorporate this form of therapy at our command and the pets and volunteers are a welcome addition to the Naval Hospital," said CAPT Elaine Holmes, Naval Hospital Great Lakes Commanding Officer.

—Story by LT Youssef H. Aboul-Enein, MSC, USNR, Plans, Operations and Medical Intelligence Officer, Naval Hospital, Great Lakes, IL.

New Medical Department Flag Selections

CAPT Clinton E. Adams, MC, is currently Commanding Officer, U. S. Naval Hospital, Naples.

CAPT Adams is a graduate of Baldwin Wallace College with a BS in chemistry. He was commissioned in the Navy in February 1973 and received his medical degree from the Chicago College of Osteopathic Medicine in 1976. After internship he entered the Undersea Medicine course at Groton, CT, and was subsequently assigned as the Submarine Group Six Medical Officer in Charleston, SC.

In 1979 Dr. Adams was selected for a Family Practice residency at Naval Hospital, Charleston, SC. From there, he served as coordinator of Family Practice care at Naval Hospital, Camp Pendleton, CA. CAPT Adams returned to the Submarine Force on the USS *Georgia* (SSBN-729) in 1984. In 1985, he assumed the position of Medical Corps Distribution Office at the Bureau of Naval Personnel. During this assignment, he was selected for a position in the Office of the Attending Physician to the United States Congress.

CAPT Adams completed a residency training program in Anesthesiology in 1989 at The George Washington University and was assigned for 1 year to the National Naval Medical Center, Bethesda, MD. In 1992 he transferred to Naval Hospital, Okinawa, and in 1994 was appointed Executive Officer. From 1996 to 1999 CAPT Adams was Commanding Officer of Naval Hospital, Beaufort, SC. In September 1999, he was named Commanding Officer of Naval Hospital, Naples.

Dr. Adams is a Diplomate of the American Board of Anesthesiology and the Osteopathic Board of Family Practice. He is a Fellow of the American Academy of Family Practice and American College. He holds a Master's Degree in Public Administration.

Dr. Adams' military awards include the Legion of Merit (two awards), Navy Commendation Medal, Navy Achievement Medal, Meritorious Unit Commendation Medal (two awards), National Defense Medal, Navy/Marine Corps Overseas Ribbon with three Bronze stars, Rifleman Medal, and the Submarine Medical Insignia and Diving Medal Insignia.

CAPT Steven E. Hart, MC, is currently Assistant Chief for Operational Medicine and Fleet Support, Bureau of Medicine and Surgery, Washington, DC.

CAPT Hart entered the U.S. Marine Corps after graduation from Iowa State University in 1969. Upon completion of his Marine Corps tour of service, which included command of an infantry company in Vietnam, he entered the University of Osteopathic Medicine and Allied Health Sciences in Des Moines, IA. CAPT Hart joined the Navy and underwent training as a naval flight surgeon in Pensacola, FL, after his graduation in 1975. His first tour of duty was Helicopter Mines Countermeasures Squadron Twelve (HM-12) Norfolk, VA.

CAPT Hart then left the Navy for Family Medicine (1979-1981) in rural Iowa, where he was a family physician, Director for Emergency Medicine and attending staff physician at the local hospital. He rejoined the Navy as Wing Flight Surgeon with the USS *Midway*/CVW-5 team. During that tour, he was selected and accepted for a 3-year residency in Aerospace Medicine.

CAPT Hart joined the USS *America* (CVA/CV-66) from 1987-1990 as Senior Medical Officer. He then attended senior service school at the Industrial College of the Armed Forces, Washington, DC. Dr. Hart then assumed the duties as Force Medical Officer, Commander Naval Air Force, U.S. Atlantic Fleet from 1991 to 1993. He followed with a 1-year tour at Naval Medical Center, Portsmouth, VA, as Medical Director and 3 years as Executive Officer, Naval Hospital, Twentynine Palms, CA, from 1994 to 1997. Prior to his current assignment at the Bureau of Medicine and Surgery, he served as Commanding Officer, Naval Hospital, Lemoore, CA, from July 1997 to January 2000.

Dr. Hart holds degrees of Bachelor of Science, Master of Public Health, and Doctor of Osteopathic Medicine. He is board certified in the clinical specialties of Family Practice and Aerospace Medicine/Preventive Medicine and is a certified Health Care Executive with the American College of Healthcare Executives. He is a member of the American Medical Association, American Osteopathic Association, Association of Military Surgeons of the United States, American College of Healthcare Executives, and the Society of U.S. Naval Flight Surgeons.

Dr. Hart's military awards include the Legion of Merit (two awards), Meritorious Service Medal (two awards), Navy Commendation Medal, Combat Action Ribbon, Navy Unit Commendation Ribbon, Navy "E" Ribbon (three awards), National Defense Ribbon with Bronze Star, Armed Forces Expeditionary Medal, Vietnam Service Medal with Bronze Star, Sea Service Deployment Ribbon, and Republic of Vietnam Campaign Medal.

CAPT John M. Mateczun, MC, is currently Commanding Officer, Naval Hospital, Charleston, SC.

CAPT Mateczun earned a Bachelor of University Studies degree from the University of New Mexico and received a Doctor of Medicine degree from the University of New Mexico School of Medicine. He was commissioned an ensign in the United States Naval Reserve during his senior year. CAPT Mateczun completed postgraduate training in psychiatry at the Naval Regional Medical Center, Oakland, CA. He concurrently completed requirements for a Master of Public Health degree from the University of California, Berkeley.

Dr. Mateczun's assignments have included: Division Psychiatrist, 3d Marine Division, Okinawa, Japan, where he also served as the Assistant Division Surgeon; Intern Advisor and Transitional Intern Program Director; selected as a Navy Astronaut Candidate; during his off duty hours he completed requirements for a Juris Doctor degree at the Georgetown University Law Center. CAPT Mateczun became the first officer with the rank of commander to

become chairman of a training program for Navy psychiatry when assigned as Chairman of Psychiatry at Naval Hospital Portsmouth, VA. During this assignment he was the Officer in Charge of a support team sent to the Persian Gulf in support of the USS *Vincennes* (CG-49). He also organized and directed mental health support activities for the crew and families of the USS *Iowa* (BB-61).

Reassigned to the National Naval Medical Center as Chairman of Psychiatry, Dr. Mateczun became the Acting Director of Medical Services during Operation Desert Shield. During Operation Desert Storm he was assigned to I Marine Expeditionary Force in Saudi Arabia. He was a medical crew member on the first flight that retrieved repatriated prisoners of war in Amman, Jordan. Upon return to the National Naval Medical Center, he was appointed Director of Medical Services. He was subsequently assigned as the Force Surgeon, Fleet Marine Force, Pacific, Camp H.M. Smith, HI. He then assumed duties as the First Chief of Staff for TRICARE Region 1 at Walter Reed Army Medical Center. Then assigned to the Pentagon, he was appointed Principal Director for Clinical Services by the Assistant Secretary of Defense for Health Affairs. From there he became the Special Assistant to the Assistant Secretary of Defense for Health Affairs. Jointly selected by the service surgeons general to become the first Chief Medical Officer for the TRICARE Management Activity.

CAPT Mateczun is board certified in adult psychiatry and forensic psychiatry and is a certified physician executive. He is a fellow of the American Psychiatric Association and has been an examiner for the American Board of Psychiatry and Neurology. He is a past specialty advisor to the Surgeon General for Psychiatry and has an academic appointment as Associate Professor of Clinical Psychiatry at the Uniformed Services University of the Health Sciences.

CAPT Dennis D. Woofter, DC, is currently Commanding Officer, Naval Dental Center Southwest, San Diego, CA.

CAPT Woofter received a B.S. in Secondary Education (Physical Sciences) from Kansas State University, before entering the Naval Service via the Naval Aviation Officers Candidate School. Commissioned in February 1967, he earned his Naval Aviator Wings in June 1968. Following Fleet replacement pilot training at NAS Lemoore with VA-125, he reported to VA-144 for duty flying A-4E/F Skyhawks. While embarked on USS *Bon Homme Richard* (CVA-31) with Air Wing FIVE he completed two tours to Southeast Asia, flying 168 missions and accumulating more than 300 arrested landings. Between tours he was a member of the first class at the Light Attack Weapons School (LAWS). His final year as an aviator was spent with VA-122 as an A-7E Corsair II instructor pilot and nuclear weapons instructor on the LAWS staff.

Recommissioned an ensign in the Navy Dental Corps in 1971, Dr. Woofter received his DDS from the University of Missouri - Kansas City, School of Dentistry in August 1974. Returning to NAS Lemoore, he served 4 years as a general dentist before transferring to the inactive reserves to pursue residency training in pediatric dentistry at the Oregon Health Sciences University. Upon completion of his specialty training in 1980, he established a pediatric dentistry practice in Ashland, OR.

Since being recalled to active duty in 1984, CAPT Woofter's assignments have included: Head, Pediatric Dentistry, U.S. Naval Dental Center, Guam (84-87); Bureau of Medicine and Surgery, QA Directorate (87-92); Naval Dental School (90-92), where he established the first Department of Pediatric Dentistry; Executive Officer, National Naval Dental Center (92-95); and Commanding Officer, U.S. Naval Dental Center Far East, Yokosuka, Japan, with additional duties as Force Dental Officer, Commander U.S. Naval Forces Japan and Fleet Dental Officer, Seventh Fleet (95-98). He assumed his current position on 21 July 1998.

Dr. Woofter's military awards include the Legion of Merit, Meritorious Service Medal (3rd award), Air Medal (1 individual/14 strike flight), Navy Commendation Medal (Combat V and 2nd award), Meritorious Unit Commendation (3rd award), National Defense Medal (2nd award), Armed Forces Expeditionary Medal, Vietnam Service Medal (4th award), Overseas Service Ribbon (4th award), Vietnamese Gallantry Cross (Bronze Star), Republic of Vietnam Meritorious Unit Commendation, Vietnam Campaign Medal, and Expert Pistol Medal. ❑

The Burning Down of Able Med

CAPT Donald C. Kent, MC, USN (Ret.)

At this time, the 50th anniversary of the Korean conflict, it is fitting that we revisit a traumatic episode in the history of the Navy Medical Corps, the burning down of Able Medical Company. This little known incident occurred when the First Medical Battalion was providing medical support to the First Marine Division during 1951-1952 operations in Korea.

First I would like to explain how I happened to be at Able Med at the time, and to outline briefly my operational assignment to the First Marine Division. When war broke out in June 1950, I was practicing medicine in a small Midwestern farming town, at the same time holding a reserve commission in the Navy. Within 4 weeks I received orders to active duty, reporting to Naval Station Algiers (New Orleans).

Because of this disruption in my professional career, I made a decision to transfer to the regular Navy. While in that process, I was ordered to the Naval Medical School, Bethesda, MD, to attend the medical officer's 6-month orientation program. Included was a 4-week stint at Camp Lejeune for the Fleet Marine course.

Photos courtesy of the author

Able Medical Company - Korea

Upon completion of the course at Bethesda, we were asked to select a preferred next duty station. I opted for the First Marine Division. Having completed the Lejeune course, I was im-

The culprit kerosene heater.

mediately put on a replacement draft, arriving in Korea in early August, and detailed to be Battalion Surgeon of the Third Battalion, Seventh Marines.

Within a few days of my arrival in Korea I found myself at the forward aid station of the Battalion in the "punchbowl" operation, where I remained for the next several months. (The Punchbowl was a valley near Mundung-ni in eastern Korea where heavy fighting took place in late summer of 1951.) Sometime in mid-fall of 1951 I was relieved at the front, and transferred to become Seventh Regimental Surgeon, a few miles behind the Battalion's line position.

About a week after arriving at the Regiment, we were caught in the middle of counter battery fire, and a Chinese heavy artillery round struck our Regimental tent, leveling it and inflicting multiple shrapnel wounds to my left upper arm. After awaiting cessation of the firing, I, as well as eight of my corpsmen and patients involved in the shelling, were evacuated to Easy Med, where CDR George Tarr provided first aid. I was then evacuated to Able Med for further treatment. Following recuperation, I remained at Able Med as staff physician.

Able Med was the hospital portion of the First Medical Battalion; the remainder of the Battalion consisted of the collecting and clearing companies, Dog and Easy, and Battalion Headquarters. The Medical Battalion was under the command of CDR Dick Lawrence, an internist. Able Med was under the command of CDR Arv Henderson, a pediatrician. The Medical Battalion was providing support to the operations of the First Marine Division, which was part of X Corps.

Able Med was located some miles behind the lines of combat, and in a semi-fixed position. It was located in an area called Mop-Yang-Ri, on the banks of the Soyang-Gang. Marine tents were used for the facility, all supposedly fire-resistant. Because of the need for heat to combat the cold winter, inner liners were strung along the roofs of each tent, to cut down on dead space and decrease heat loss. All tents were connected. The facility had operating room tents, ward tents, and operational support tents (such as a laboratory, x-ray, administration, admission, triage, etc.). Living quarters for hospital corpsmen, medical and

dental officers, and Medical Service Corps officers were separate and not connected to the hospital complex. Kerosene space heaters provided heat and were located just outside each tent but vented and connected to each tent.

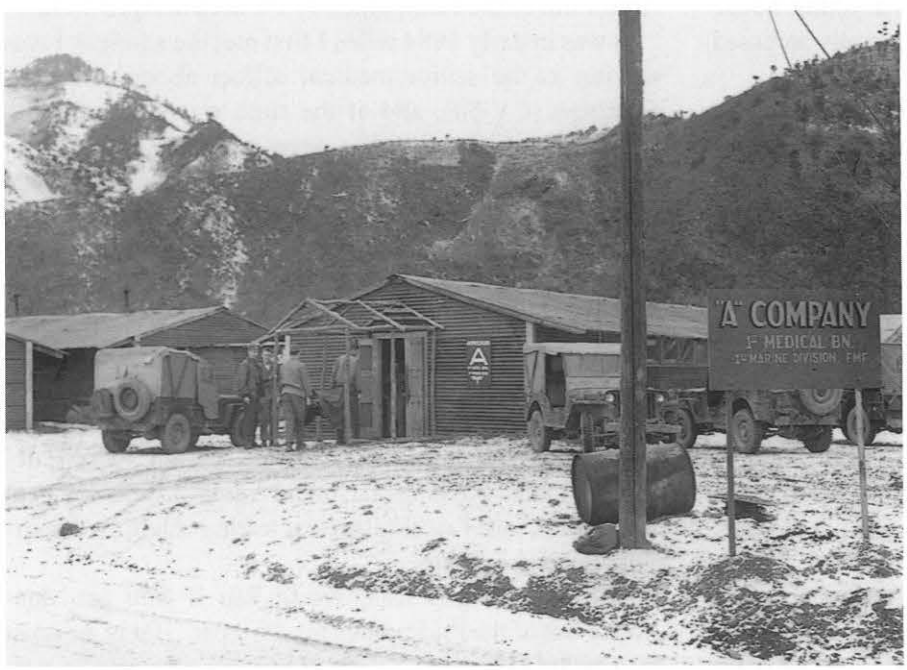
One evening, just as we all were sitting down for the evening meal, one of the kerosene heaters blew up, causing a fire in the connected tent. It then swiftly spread to all the adjoining tents. The entire staff immediately began to evacuate patients from the tents, as well as attempting to control the fire. Patients requiring evacuation included multiple bedridden post-surgical patients, and a number in full body casts, especially the Korean Marine Corps patients who were kept at A Med longer before their evacuation to the rear.

The fire spread through the connected tents so fast that within 20 minutes the entire facility was burned to the ground. Luckily, at the time of the fire no surgery was going on, although we had three cases to be done at the completion of dinner.

Able Medical Company staff.

With luck and superhuman effort on the part of the entire Able Med staff and the patients, not a staff member or patient was lost or even burned. The entire patient population was expeditiously transferred to the hospital ship offshore, to MASH (Mobile Army Surgical Hospital) units in the rear, and to Naval Hospital Yokosuka, Japan. Temporary tents were replaced so the unit could get back to partial operation. The Marine Engineer Battalion immediately came aboard and quickly reconstructed Able Med with permanent buildings. With little delay, Able Med was back with full support to the Division.

What could have been a disaster was saved by a courageous group of Navy medical personnel and U.S. Marines. They received no decorations for their heroic work but those of us who were there are ever grateful for a job well done, over and above the normal call of duty. ❑



Able Medical Company's new structure.

Dr. Kent is presently a consultant physician in occupational and environmental medicine with Pfizer Central Research Laboratory and Lawrence and Memorial Occupational Medicine Center, Groton, CT. He retired from the Navy in 1970. He is presently a member of the Secretary of the Navy Retiree Advisory Council.

Feature

Lunchtime with the Admiral: A Memoir

CDR Lee R. Mandel, MC, USNR

The cold, clear, crisp December morning provided perfect weather to go flying. We took off from Sherman Field at NAS Pensacola on a training mission, and headed north toward Birmingham, AL. I always enjoyed getting my flight time in the T-39 Sabreliner, and the training squadrons were always gracious and accommodating to let "the docs" fly with them. As Residents in Aerospace Medicine, my colleagues and I were frequently in the back seats on such training missions. The two students on the flight, an ensign and a Marine 2nd lieutenant looked young enough (and nearly were) to be my children.

On these flights, I enjoy listening to communications between instructor and students. Navigation precision demanded by the instructors, and the hardcore teaching styles often remind me of when I was a young house staff physician being interrogated and generally harassed by my attending physicians.

I would often bring reading material with me on these flights, and on this day I brought something that was a little atypical for me. For a Christmas gift I had received the book *Tuesdays With Morrie;* my wife had already read it. She insisted I read it, knowing it wasn't my type of book. I am an avid historian, with a special interest in military history. Although I have never been into "touchy-feely" reading, I began to read the book over the skies of southern Alabama as we began a low-level navigation exercise.

Tuesdays With Morrie is the story of Professor Morrie Schwartz of Brandeis University, and his death from amyotrophic lateral sclerosis, or Lou Gehrig's disease. When he was diagnosed with this fatal disease, he decided to face his impending death not only with dignity and acceptance, but to make it a learning experience about life and living. His former student, sportswriter Mitch Albom, discovered that his favorite college professor was dying and went to see him 16 years after he graduated from Brandeis. He had not seen him since then. Albom flew from Detroit to Boston every Tuesday to be with his mentor until he died, learning not only what it was like to die, but also what it was like to live.

I was very touched by this beautiful story of a young man in his late 30s, and an older man in his late 70s—the young man listening and learning from a mentor about living a full and truly meaningful life. My mind drifted back to 1988, when another young man in his late 30s sat by the bedside of a mentor in his late 70s, learning about a life of sacrifice and service, of God and country.

As a student of history, I knew about RADM John D. Bulkeley, but my knowledge was limited to one of his most famous deeds—as the man who got GEN Douglas MacArthur out of the Philippines by PT boat in April 1942.

It was in early 1984 when I first met the admiral. I was serving as the senior medical officer aboard the USS *Saratoga* (CV-60), and at the time was a 32-year-old lieutenant commander. We were preparing for our INSURV inspection, the required inspection of the entire ship by the Board of Inspection and Survey. The *Saratoga* had recently finished the largest overhaul in the history of the U.S. Navy, the Service Life Extension Program (SLEP).

This $600 million project took place at the Philadelphia Naval Shipyard from October 1980 to February 1983. It had not gone smoothly and there was considerable anxiety over the upcoming INSURV inspection. During department head meetings the name Admiral Bulkeley kept coming up, and I couldn't resist asking a fellow department head about him.

"Isn't he the guy from World War II who got MacArthur out of the Philippines in a PT boat? If it is, he must be a pretty old guy." "Yeah, that's him," replied a colleague, "he's in his 70s now, but he's sharp as a tack and

can be as mean as hell. He doesn't tolerate mediocrity and will always tell it like it is. During the inspection, if you see what looks like an old guy running around the ship in blue engineering coveralls, that's not a civilian contractor, that's Bulkeley."

He proceeded to tell me the admiral had been retired as a rear admiral in 1973 but had been immediately recalled to active duty. He had been the President of the Board of Inspection and Survey since 1967. That night I got out one of my historical reference books, *Famous American Admirals* by Clark G. Reynolds, and learned that John Duncan Bulkeley was born on 19 August 1911.

When the INSURV team came aboard I got my first glimpse of the admiral. My dealings were almost exclusively with the head of the medical team of the INSURV board, CAPT Richard Dasler, MSC. CAPT Dasler was a wonderful teacher and role model. During our time together, I not only learned how to fine tune our medical programs such as hearing conservation and heat stress, but also how these programs came into being.

It was very interesting to learn, for example, that RADM Bulkeley was almost fanatical about many of the medical/occupational safety programs aboard ship. As I later learned, CAPT Dasler was the Navy's expert on heat stress and one of the world's authorities on the subject. It was largely his work that led to the Navy's heat stress prevention program, a program RADM Bulkeley so strongly championed.

During the time the INSURV team was aboard, I got to know CAPT Dasler on a personal basis. It was obvious he was brilliant and that he and the admiral were quite a team. He had joined the INSURV team in 1979, and spoke of RADM Bulkeley with the utmost respect and admiration, almost like a son talking of his father. He shared with me that, as the admiral got older, he was getting more cantankerous, and that he (Dasler) was taking a very active role in the admiral's everyday life. He had become more than just a department head, but had become, in his words, the admiral's "mother hen." It was a role he seemed to relish, and we spent many hours with him as he told stories of RADM Bulkeley's career, his family, and his influence on the Navy.

I would see RADM Bulkeley only fleetingly during the inspection. Always moving at top speed, it appeared somewhat incongruous: an "old man" appearing all over one of the greatest warships afloat. Since CAPT Dasler was my main interface with the team, it wasn't until the wrap-up for the department heads that I actually saw the admiral up close and heard him speak. It took place in the flag mess aboard the *Saratoga*. RADM Bulkeley gave a summary of his team's findings for every department, along with comments and any actions required to bring the ship to Navy standards. His speaking style was no-nonsense—an almost monotone, staccato rapid-fire monologue. He would shift from one department overview and one topic to another without pausing and without looking at any notes. I was amazed he seemed to know virtually everything about every facet of naval vessels, including the medical aspects. He was telling us about the time a medical officer had submitted falsified heat stress reports, when he suddenly turned toward me, pointed directly at me, and growled "Doctor, if I ever catch you submitting falsified heat stress reports, I'll have your pelt on my bulkhead!"

The *Saratoga* passed its INSURV inspection. That night, I told my wife, Ann, I had the dubious distinction of being threatened to be skinned alive by a Medal of Honor recipient. I was actually flattered with the entire encounter, and I would on occasion share the anecdote with friends. After all, it was not only an honor, but for me a great personal experience to have had a brief encounter with someone who was not only a living legend, but part of American history.

After my tour aboard the *Saratoga*, I made the decision to return to my primary specialty of internal medicine. By 1986 I was a commander, and the head of the General Medicine Division in the Department of Internal Medicine at Naval Hospital Bethesda.

One day in late 1987 I learned CAPT Richard Dasler was scheduled to see me that day. I was delighted as I had not seen him since that inspection back in 1984. When he came for his appointment he told me that upon learning he had a new patient appointment with a CDR Mandel, he had remembered me from the *Saratoga,* I was flattered. It was like a reunion of old friends. When we finished, the conversation turned to the admiral. CAPT Dasler was still with the INSURV board and still looking after RADM Bulkeley. The conversation then took an unexpected turn, one which would have a lasting impact on me.

"Lee, I'm concerned about the admiral. He has developed mild hypertension and he is due for follow-up. The problem is that he hates Navy doctors; he says they're just civilians in uniform.

The only doctor he ever liked is a captain in San Diego who has just retired." After pausing for a second, he looked me in the eye and said "Say, would you be willing to see him as your patient? Not only would it be a heck of a lot more convenient than trying to continue out in San Diego, but I think he'd like you. You've been to sea and

know a lot of naval history. I'm sure I could convince him to come to your clinic."

It was somewhat ironic; a captain asking a commander if he would be "willing" to accept a new patient who just happened to be a flag officer and a famous figure in American naval history.

I told the captain I would be honored to have RADM Bulkeley as my patient. I then prepared my secretary and staff at the Internal Medicine Clinic, telling them about our distinguished new patient's background. It had been 3 1/2 years since I had last seen him aboard the *Saratoga*.

When the day of his appointment arrived, I was delighted to see that he looked exactly as I remembered him. He was wearing his service dress blue uniform and for the first time I saw the light blue ribbon with the five white stars on his chest—the Medal of Honor ribbon. I had never seen one before.

In turn, he did indeed remember me from the INSURV inspection. He still was all business, talking in that clipped, staccato fashion, but chuckled when I mentioned his threat to hang my pelt on his bulkhead. He recalled I had turned quite pale when he cast that threat toward me years before. Although he wasn't smiling when he told me that, I got the impression he had been amused by my startled reaction to his threat.

It was then time to get down to business. We reviewed his medical history, which was virtually nonexistent except for the hypertension. It was well controlled on medication. It became readily apparent he was a very stoic individual who had no complaints about his health and didn't like to talk of any potential physical ailments.

After briefly examining him and reviewing his medications, I stressed the importance of follow-up and told him we should get together again in several months. He readily agreed. Later that day, my secretary put through a call from CAPT Dasler. He was ecstatic. The admiral liked me; he was going to come to see me in follow-up as recommended.

I saw RADM Bulkeley back in the clinic two more times. His blood pressure, which was originally in the mid-normal range, was now at the upper limit of acceptable reading. In addition, his blood work showed his BUN and creatinine (two measures of kidney function) were starting to trend up slightly.

At this time CAPT Dasler was becoming alarmed. Although he couldn't put his finger on it, he felt something was not right with the admiral.

It was now early summer, and in August he would be 77 years old. As per BUMED requirements, he had to have an annual physical. He had already informed CAPT Dasler he had no intention of getting a complete physical exam, as these had already been done in San Diego. It took a little combined coercion to get him to agree to have his physical at Bethesda.

The circumstances for this were ideal. Every Wednesday morning we held what we called "Flag Clinic" at Bethesda in the Physical Exam Clinic (which also came under my purview as the head of the General Medicine Division). Here we would do the annual physicals for Navy flag officers and Marine generals stationed in the Washington, DC, area. As the senior general internist, I was the physician who did all these physical exams. Hence I would be doing the annual physical on my own patient, RADM John D. Bulkeley.

After being escorted by a corpsman to have his blood drawn, X-rays taken, and then to breakfast, RADM Bulkeley was brought to my office.

As always, our interaction was both formal and cordial. As usual, the stoical man had no complaints. During the review of systems, the part of the history where questions are asked about symptoms relating to every organ system, he denied any symptoms whatsoever. His physical exam was remarkable only for the fact it was very benign for a man nearly 77 years old. His blood pressure was slightly elevated, and I was concerned about the blood work which indicated possible early kidney dysfunction. However, everything was unremarkable—until I got to his abdominal exam.

While examining his abdomen, I felt a large, fairly firm mass which elicited no pain upon palpation. I was shocked by its size, and told him we needed to do an immediate CAT scan to help determine what this might be. I feared this represented a tumor mass. I called the Radiology Department and they told me to send the patient down. The next hour seemed like a day to me. Finally the call came from Radiology.

"Lee, you're not going to believe what this mass is! It's his bladder!"

"Are you kidding?" I replied. "The thing is massive. Besides, the admiral denies any urinary symptoms."

"Believe me, it's his bladder. He apparently has a bladder outlet obstruction, most likely his prostate. We're going to have him brought back to your office."

When he returned, I again questioned him about urinary symptoms. This time, his answer was a little different. "Well, it's no big deal," he stated, further reinforcing his stoicism.

I explained that with a bladder so distended (and with the relative lack of symptoms), it obviously was a pro-

gressively developing problem, and we would have to have a urologist insert a catheter to drain his bladder.

He agreed to this, and my urology colleague came to the clinic. There, a catheter was inserted, and nearly 4 liters of urine were drained off. Here was the explanation for the rising BUN and creatinine, and likely for the hypertension. He obviously had no tone to his bladder wall muscles after this long duration of distention and we had to leave the catheter in.

In these days before managed care, we made the decision to admit the admiral to the hospital, even though he could have gone home with a urinary drainage bag and despite the fact that he was feeling fine. He readily agreed to hospitalization. One of the most interesting months of my life was about to begin.

After we settled him in his room, I was a little concerned he was going to get bored very quickly from the lack of activity. After all, this was the man who scurried all over ships of all sizes at an amazing speed for a man in his late 70s. This was also a man consumed with work, a man who was not at ease with his advancing age as evidenced by his denial of any medical symptoms. It was late afternoon by then, and I promised I would come back at lunchtime the next day to check on him (he was admitted to the Urology service).

When I got home that night, I was grateful this was not a tumor, and thanked God the admiral had agreed to have this physical exam. I still couldn't believe he could have gone so long without complaining about urinary retention, caused, as it turned out, by an enlarging prostate gland. I had to get to know him better, to understand this man who was already a Navy legend. Why hadn't he retired years ago instead of keeping up a brutal work schedule? I was determined to learn the answer to this question.

At lunch the next day I found him somewhat quiet but in pretty good spirits. When I told him he had nearly 4 liters of urine in his bladder before we drained it, he laughed, almost suggesting he was impressed with the capacity. When I commented that he was lucky the bladder hadn't ruptured, he thought out loud," I wonder what the stress on the bladder wall was before you drained it." As I soon learned, he had a way of turning all situations into engineering scenarios, including my diagnostic abilities.

"You simply took an engineering approach to my abdomen and found the structural integrity was faulty. And it took an engineering approach to fix the problem." Speaking as always with the staccato monotone, he was very sincere with this appraisal and truly meant it as a compliment. He always looked at things from an engineer's perspective, and engineering terms always peppered his conversations.

Now it was my turn. "Admiral, would you mind if I asked you about some of the things you've done and people you've known?" He seemed somewhat pleased I asked. He knew I was very interested in military history from our prior discussions, but now I had him "captive" and we had time. I intended to make the most of it.

I started off with GEN Douglas MacArthur. My favorite description of him appears at the beginning of William Manchester's *American Caesar*, when a Japanese official described him after the Second World War as "not a simple man!"

For RADM Bulkeley, however, the issue was simple. The general was a great man, whom second-guessers and revisionists tried to defame. He then told me in detail of the evacuation of MacArthur, his family, and staff from the Philippines aboard PT-41 through 500 miles of Japanese controlled waters. It was also very obvious he was proud of the fact he had a fitness report signed by GEN MacArthur. I was mesmerized, hearing history firsthand from the person who had made it.

We talked for nearly 2 hours before I had to break away and get back to clinic. Although the admiral never smiled much, I had the distinct feeling he really enjoyed talking to me about his past.

I returned the next day and we continued our discussions. I would start with some basic questions, and he would then expound in detail. As always, ours was a very formal relationship. Although he always formally addressed me as Doctor, (never "Commander" or "Lee") he seemed to be happy to be with someone who knew a bit of history and was interested in discussing it. He told me of meeting Joseph P. Kennedy in 1942 when the ambassador asked him to consider his son John for PT boats. He also told me an anecdote which took place during the time he commanded the destroyer USS *Endicott* during World War II. He was in command of an operation off the coast of France, where the *Endicott* sank two German corvettes. After the battle, they went to rescue the survivors of the sunken ships. As the captured German sailors were brought on board, he made them all individually salute the American flag. The German commanding officer of one of the sunken ships refused, and (then CDR) Bulkeley threw him over the side. After sailing away to pick up more survivors, they returned again to pick up the German commanding officer. He made it to the quarterdeck and again refused to salute. Once again, Bulkeley threw him over the side. The German finally realized he

was not going to win this battle of wills. He saluted the American flag on his third attempt to board the *Endicott*. I couldn't help laughing, but also realized it was pure Bulkeley. Honor and duty were terms he used a lot in his conversations. He would not allow our flag to be dishonored. That night I told my wife the anecdotes he had told me. Also a history buff, she was equally fascinated.

Every day I returned during the lunch hour for our discussions. After several days, an interesting phenomenon began to develop. The ward nurses, all of them young females, began asking me who the "old man" was. They all assumed he was a retired flag officer.

I took the time to explain who he was and told them about some of his exploits. I advised them not to be put off by his seemingly gruff manner. One day when I arrived there were two nurses on a break sitting by his bedside. He was in the process of explaining Navy ships to these women, young enough to be his granddaughters. I was fascinated by the interaction. As always, he spoke in his staccato monotone, but I could sense he really enjoyed the interest they were showing him.

One of my fondest memories occurred the following week when I arrived for my daily lunchtime visit. As I walked into his room, five nurses, all young women in their 20s, were sitting by his bedside, all in rapt attention. RADM Bulkeley was in the midst of a history lecture. It was an image I will never forget.

We were discussing PT boats one day when he asked me if I had read the book *They Were Expendable* by W.L. White. I told him I hadn't, but had seen the movie on television.

"That was about you, wasn't it?" I asked. He grinned slightly, telling me they changed his name to "LT Brickley" in the movie, and that his executive officer, LTJG Bob Kelly, had been changed to "LTJG Rusty Ryan." The roles were played by Robert Montgomery and John Wayne respectively.

As a result of the movie, he became lifelong friends with the film's director, the legendary John Ford, and also with John Wayne.

"I'll bet you didn't know I was a movie star," he said with a perfectly straight face. By now I was able to anticipate an interesting anecdote was about to unfold. When John Ford and John Wayne filmed "The Quiet Man" in 1952, RADM Bulkeley appeared in the movie.

There was a scene in an Irish pub where a fight broke out, and the man behind the bar, featuring a handlebar moustache, was none other than John D. Bulkeley. He assured me John Wayne never feared he might lose some starring roles to this young naval officer.

When one of our discussions shifted to me, I was somewhat embarrassed to reveal I had submitted my letter of resignation and was due to leave the Navy that December. Although he didn't press me for an explanation, I felt I owed him one. I explained my desire to set down some roots for my family, and how I desired to have my own practice. I also expressed dissatisfaction with some recent Medical Corps policy decisions. Intellectually, I felt my reasoning would make sense to him, but in my heart I felt I had let him down. Thinking of all he had accomplished, I had the feeling my explanations rang a little hollow. He only nodded when I finished my explanation, and never brought it up again. In retrospect, it was the only time I ever felt awkward talking to him.

One day I brought up the subject of Fidel Castro. I had read how he had been commanding officer at Guantanamo Bay Naval Station and had antagonized Castro. I asked him to tell me about it. The subject made him chuckle. He obviously regarded Castro as a petty tyrant, and always refered to him as "Fie-dell," never Castro. The dictator accused Bulkeley of stealing water from Cuban pipelines after Castro had turned off the water supply to the base in an effort to drive the Navy from the base. Bulkeley not only had a desalinization plant built in record time, but also had the pipeline from Cuba dug up and cut open to demonstrate that it was bone dry. He did this in front of the world media, proving Castro's claims were fraudulent.

"Why," I laughed, "did you invite the media to the pipe cutting?"

"Because," he snapped at me, "I had to prove Fie-dell was a goddamn liar! Who the hell did he think he was?"

It was another vintage snapshot of the man. His command and his people were endangered; he took prompt action. His honor was impugned and he was enraged. He would prove his integrity in front of the world. Once again, it was quite apparent the concepts of duty and honor were driving forces in John Bulkeley's mind.

As the days went by I asked him if he intended to write his memoirs. "No," he responded, "that's being taken care of." He explained how an author was working on his biography and it was due to be published the following year under the title *Sea Wolf*. When I mentioned to CAPT Dasler that I wished I could have a copy of the book autographed when it came out, he pulled out a piece of paper, wrote on it, and handed it to me. It was RADM Bulkeley's home address. I stammered something about how I didn't think I could write or call him to request the autograph, and that it wouldn't be appropriate. "Don't be so shy" countered the captain, "The admiral likes you."

One day, RADM Bulkeley sheepishly asked me if I would like one of his business cards. Sensing there was more to the question, I replied that I would. He reached into his beside table and pulled out his wallet. He proudly handed me his business card, which seemed pretty unremarkable. It read: BOARD OF INSPECTION AND SURVEY, and on the bottom it listed his phone number and address. He then instructed me to turn it over. On the backside it read:

WILDCAT ENTERPRISES, INC.
DEALERS IN HIGH CLASS JUNK
JOHN D. BULKELEY
"HAVE BAG, WILL TRAVEL"
PRESIDENT

This had to be a gag was my initial response. "You don't really use this as your business card, do you?" I asked.

"I sure as hell do!" he replied. Another facet of his personality was about to emerge. He patiently explained that most ships in the Navy were not up to his standards. He felt many ships were "junk heaps." He expected perfection in the work product the same way he expected perfection in his own job performance. The more he talked the more I realized why he was so dreaded, and why the thought of an INSURV inspection was enough to make any Sailor lose sleep. I also realized he expected no less from himself than 100 percent effort at all times; certainly, he would expect no less from anyone else. That included adherence to the principles of God and country. And it included concern for his fellow Sailors.

"Admiral, you're probably the only officer in the Navy who could get away with using a card like that officially," I said. "Did any of the senior leadership, either Navy or civilian, ever get angry or offended by it?"

"Doctor, I could care less!" he shot back. "I will not sit back and be quiet if I feel even one Sailor in the United States Navy can possibly have his life or health jeopardized because corners are cut, or to save a buck!"

Again, I thought—vintage John Bulkeley. It wasn't an admiral flexing his muscles or showing his power. It wasn't arrogance or a senior icon trying to poke his thumb in the eye of the establishment. It boiled down to this: He was a Sailor who cared about his fellow Sailors. How ironic that I, the man whom he once threatened to skin alive, would hear this spontaneous outburst. I was learning more from him than just history.

Toward the end of his hospitalization, an event occurred that my wife Ann and I have laughed about ever since. It was an event I never shared with the admiral. After coming home night after night with more stories about RADM Bulkeley, Ann told me she would really like to meet him. We arranged for her to meet me for lunch later that week, and I was to bring her up to meet him, if the admiral didn't mind. He told me he would be delighted to meet her. When the day came, Ann arrived, carrying our daughter Jennifer who was 5 weeks old, and our son Jeff, who had just turned 2.

As we sat by his bedside, Jenny was asleep in Ann's arms while we talked. Jeff was running all over the room like a typical 2-year-old. The admiral didn't seem to mind and enjoyed talking with Ann. After about 20 minutes, I noticed that Jeff had run into the bathroom and hadn't come out. The door was slightly ajar, and Ann excused herself to go after him.

After hearing the water run for a minute, Ann emerged from the bathroom, carrying Jeff. "Lee, we better go. The admiral looks tired and we should let him nap," she said with an exasperated look on her face. We thanked the admiral for allowing us to spend time with him and left the room. Ann was carrying Jeff and I was carrying Jenny. I knew something strange had happened. In the hallway she let me in on the secret.

Somewhat shaken, Ann began to explain. "The admiral has a spare set of dentures in a cup on the sink. When I walked into the bathroom, Jeff had thrown the dentures into the toilet. I got to him just as he was reaching to flush the toilet!" As I stammered and attempted to say something, she continued. "I reached into the bowl and pulled them out. I was in there several minutes washing them off. They're back in the cup and they're fine, but if I had gotten there a few seconds later, they would have been flushed."

I was relieved, knowing my beloved wife had just saved my life. At that point we both began to laugh, thinking of the absurdity of the situation. As we watched Jeff run down the hall, we vowed always to remind him as he got older how he had met a great American who had received the Congressional Medal of Honor, and almost flushed his dentures down the toilet. Jeff is now 13 years old and we still kid him about the incident.

The admiral was an avid reader and loved to discuss his readings. Not surprisingly, he was always reading history books. Just prior to his discharge, he had just finished reading *The Rise and Fall of the Great Powers* by Paul Kennedy. When he found out I hadn't read it, he said "Well, I'm going to give this to you." I jokingly insisted that he autograph it, and he proceeded to write on the inside cover:

1988
USNH BETHESDA
18 AUG
For Admiral Lee Mandell (sic)
from his friend and shipmate-with my highest esteem as a physician and sailor.
John D. Bulkeley
Rear Admiral, USN
Vice Admiral--

I was quite touched. He had already given me another book the week before, *The 25-Year War* by GEN Bruce Palmer. At that time I couldn't resist asking him for an autographed picture, and he arranged for CAPT Dasler to bring me in his official portrait, which he proceeded to sign for me.

The next day was RADM Bulkeley's 77th birthday. He had recently announced he would be retiring from active duty after he was discharged from the hospital. The Navy had decided to award him his third star and he would retire as a vice admiral (hence his listing of two flag ranks when he signed my book the day before). I was thrilled for him, although I wondered how a man of action such as he would take to retirement.

The day of his discharge he told me he had something for me. He reached into his suitcase and gave me a small envelope. As I opened it, he said "Wear it with pride, and remember, God and country." It was a gold tie bar in the shape of a PT boat. I could barely express how flattered and grateful I felt. I wished him the best. A few minutes later CAPT Dasler escorted him to his waiting car.

It was the last time I ever saw RADM John D. Bulkeley.

On 25 August 1988, in a small ceremony at the Pentagon, John D. Bulkeley was promoted to vice admiral and retired from the Navy. He had been on active duty 59 years.

In December 1988 I left active duty to enter private practice. I was determined not to look back. I did not affiliate with the reserves. As I threw myself into my practice, reminders of the past kept occurring.

The first summer I was a civilian, I was browsing at a bookstore and saw a newly released book, *Sea Wolf* by William Breuer. As I read it, I realized I already knew many of the events described, as the admiral had told me about many of them during our daily lunchtime meetings. I briefly considered mailing the book to him and asking him to autograph it for me, but I didn't. I just didn't feel comfortable about doing it, and it seemed inappropriate. After all, it was in the past and he was a retired admiral; I was a former commander. And there was something else, even though I didn't want to admit it at the time. Deep inside, I always had the feeling I had disappointed him by getting out of the Navy.

By the end of my second year in private practice I began to realize something about myself. I've always enjoyed patient care, but I was becoming bored with the sameness of every day, bored with the comparatively mundane issues of the hospital, of Medicare, of the every-man-for-himself world of private practice medicine. I also began to miss the teamwork that had been a large part of my professional career when I was in the Navy. I stayed in private practice 4 1/2 years before selling my practice and joining a group model HMO in Charlotte, NC.

While living in Charlotte, I read the only unflattering portrayal of RADM Bulkeley I had ever seen. It appeared in *JFK: Reckless Youth* by Nigel Hamilton, the controversial biography of young John F. Kennedy. It was in a fairly brief section dealing with PT boats. The criticism was built around one quote from an interview with President Kennedy's squadron commander implying that Bulkeley wasn't taken seriously, was a publicity hound, etc. The author never touched upon a lifetime of heroism, dedication, and service. Having read extensively about the admiral and having known him personally, it was my opinion that the description was not only one-sided and biased, but was also highly inaccurate. I was very angry at the time, almost feeling a mentor and friend had been wrongfully slandered.

I finally ended up a highly placed physician executive in Pennsylvania. By then I was learning some hard lessons. The higher I went up the ladder the less job satisfaction I had. I had always been a very mission-oriented person and now found myself looking in a mirror and asking myself "What is my mission? Is it to increase shareholder return on investment? Is it to learn how to cleverly bill Medicare to maximize reimbursement? Is it to continually mediate fights between doctors who will not even try to work together toward a common goal?"

These so-called missions were ringing hollow; they were becoming meaningless to me. They gave me no professional satisfaction or sense of pride. I would recall that I once had a mission: to safeguard the health of the men and women of the armed forces, their families, and retirees. It was a very broad mission but one I was very proud of.

In late 1997, I decided to leave my job and to go back to school full-time. I enrolled in the Master of Public

Health program at the University of Pittsburgh. Although it would take a year to complete, I started contemplating my next move.

Deep down I knew where this was all leading. After living in several worlds in the civilian medical sector I knew where my heart was leading me.

It began with a phone call to the recruiter at Navy Recruiting District, Pittsburgh. Ironically, when I entered the Navy in 1972 via the Armed Forces Health Professions scholarship program, it was through the very same office. Now, after some preliminary interviews and inquiries with BUMED, the Navy was suggesting I come back on active duty in the Aerospace Medicine residency. With Ann's full support, I filled out the paperwork and began the process while I worked on my master's degree.

During the winter months I went to Pensacola for interviews, and my flight physical. From then on, it was a question of waiting for the process to unfold while my application was processed. As I was frequently in the medical school library doing research, I began to read the journals *Military Medicine* and *Navy Medicine*. It was in an issue of *Navy Medicine* I read an obituary for CAPT Richard Dasler. He had died of a stroke in November 1997. I was heartbroken. He was a great man, a great teacher, and a great officer. Thinking of him also brought back memories of the summer of 1988, and of RADM Bulkeley.

On 8 July 1998, I came back on active duty. With my family present, I took the oath at the Navy Recruiting District Pittsburgh and was commissioned a commander. I was elated to be back, to be doing something I realized I missed and believed in so much. I felt I had almost come full circle. The irony of the date was not lost on me. Not only is July 8 my daughter's birthday, but I had come on active duty the first time on 8 July 1979. As I had no classes that day, it was a day of celebration and reflection.

That night, I had the urge to put on my uniform. Over the years, we had gotten rid of my wash khaki uniforms, summer whites, and winter blues. I would not get rid of my service dress blues, choker whites, or mess dress uniforms. Even though I wasn't in the reserves all those years, I couldn't allow myself to part with them. I no longer had white uniform shirts, and had long since lost my black necktie. My service dress blue uniform still had the ribbons in place from the last time I had worn it when I checked out of Bethesda 9 1/2 years before. Fortunately, I had not gained an ounce of weight during this time and the uniform fit perfectly. I noticed something bunched up in the right trouser pocket and pulled it out. It was the necktie I had neatly folded and apparently put there the last time I wore the uniform.

Clipped to it was a gold tiebar in the shape of a PT boat. I had the strangest feeling that somewhere, VADM John D. Bulkeley was saying "Well done, Doctor!"

Photo from BUMED Archives

On 21 November 1983 the Naval Medical Command (BUMED) dedicated the Medal of Honor Hall in memory of 21 hospital corpsmen who had received the prestigious Medal of Honor.*

Representing the Chief of Naval Operations was guest speaker RADM John D. Bulkeley, USN (Ret.), a Medal of Honor recipient.

RADM Bulkeley was awarded the Medal of Honor for his Philippine service as Commander of Motor Torpedo Boat Squadron 3. Asked to describe the basic attributes of a Medal of Honor recipient, he said simply, "There really is no common denominator of such people. It has to do with an inner spirit—a determination."

*One more name has been added since then.

In the summer of 1999 the Naval Institute Press released a new printing of *They Were Expendable*. After reading it, I began to wonder about VADM Bulkeley, and decided to do a search on the Internet. I still had his business card and address. I had even briefly considered trying to call him when I was recommissioned, but again felt too awkward after all these years, nor did I even know if he was still at the same address. I used a search engine to look up John Bulkeley, and one of the entries caused me to gasp. It was from Arlington National Cemetery! I went to the website and it was there I learned he had died on 6 April 1996.

I was totally crestfallen. How could I have not known this? I pride myself on reading the newspapers daily, on searching the news on the Internet. I was even a member of the U.S. Naval Institute! Even during my civilian years, I followed naval affairs closely.

This caught me completely off guard. I kept asking myself why I was so surprised? The man was nearly 85 years old. Why was it such a shock to me? I realized I always pictured him living forever; he was bigger than life. I also realized here was a historical figure, a man who shared his philosophy and much of his personal inner self with me. This great man had passed on and I never even knew when. I never really had a chance to thank him for the times we spent together. Now I was back in the Navy, and he would never know.

* * *

As we lined up for our approach into Sherman Field, I put *Tuesdays with Morrie* into my flight bag. I wiped my eyes, hoping the student next to me wouldn't notice. This was a training flight, and there had been much teaching during the entire event. The student who had learned the most, however, was not the young ensign or the young 2nd lieutenant. It was the 48-year-old commander who was just trying to catch up on his flight hours, but instead had relearned a lesson in what really counts in life.

Thank you Professor Morrie Schwartz for reminding me to live every moment to the fullest. Thank you for showing the entire world the true meaning of dignity, knowing a life lived without purpose or without concern for your fellow man is a life wasted. Thank you for reminding us to forgive, not only others, but ourselves, and then to move forward with our lives.

And thank you VADM John D. Bulkeley, USN, for sharing a small part of your life with me. Thank you for making history and then personally teaching me about it. Thank you for allowing me to share all those lunch hours with you and telling me about honor, duty, and sacrifice. Thank you for being a role model and an inspiration. Thank you for what you did for this country. I will never forget you.

* * *

About a month later, I went on TAD orders to the National Naval Medical Center, Bethesda for a 2-week course in strategic medical readiness. At the end of the first week, I received a phone call from Ann, telling me my residency director had called. The assignment decisions had been made. They were recommending to the detailer that I be assigned as the next senior medical officer aboard the USS *Harry S. Truman* (CVN-75) upon finishing the aerospace residency in June. We were both delighted. It was another step in the right direction for me and I couldn't have been happier about the way my professional life had changed from the seemingly empty days of only 2 years prior. However, there was one more person with whom I needed to share the news.

On Saturday, 8 January 2000, I took the Washington Metro to Arlington National Cemetery. It was a cold, clear day, very similar to the day of my last flight over Alabama. It was late morning when I arrived at the Visitors Center.

I wasn't certain if CAPT Dasler was buried at Arlington so I was sure to give the information assistant his full name—Adolph Richard Dasler. Yes, she informed me, he is buried in Section 60. I walked about a half mile down Eisenhower Drive, past the few remaining undeveloped sections of the cemetery. Finally I reached Section 60. There in the front row right off the road I found him.

It was a simple grave marker, identical to the multiple rows stretching as far as the eye could see. It was fitting; he and the admiral would now be shipmates forever. This humble and brilliant man, who once asked me if I would be willing to have VADM Bulkeley as my patient, will no doubt keep taking care of the admiral through eternity. After much reflection, I stood at attention and saluted.

VADM Bulkeley is buried in Section 5, which is adjacent to President Kennedy's gravesite. I walked back Eisenhower Drive and turned left up Roosevelt Drive. The terrain slopes up slightly at this point and I followed Weeks Drive toward the Kennedy gravesite. Section 5 begins there at the junction with Sheridan Drive where I walked to the right. As the road curves around to the left, there is a footpath off the left side of the road. A few paces up this path, I found VADM Bulkeley.

His monument is a large, rectangular, gray marble stone, approximately 5 feet high. It is also his grandson's

resting place, and it will also be his son's. Across the top, it simply says BULKELEY. The left side of the stone reads:

JOHN DUNCAN BULKELEY
VICE ADMIRAL, UNITED STATES NAVY
MEDAL OF HONOR
AUGUST 19, 1911-APRIL 6, 1999

I stood at parade rest, just staring at his grave, thinking back to my earlier naval career. I then began to tell the admiral what I had been doing in the years since I had last seen him, and how much I had enjoyed learning some very important lessons from him. After I left the Navy, I had been in a world where big business deals, maximizing shareholder reimbursement, and accounts receivable were some of the important issues. The really important issue, that of honor, never seemed to be a factor. I was now back in his world, where the important concepts are courage, honor, and commitment. I knew he of all people would understand how I felt. I now had a defined mission. I was going back to the world where he had spent his life serving with distinction. I was going back to sea with his beloved United States Navy. I wanted him to know what an influence he was on me, and how proud I was to be back on active duty to serve again. I asked him to understand why I had felt so hesitant about calling him, how deep inside I felt I had let him down. I wanted him to know I was back and ready to carry on.

As I walked forward to touch his gravestone, tears were forming in my eyes. The smooth marble felt cold, yet gentle. Perhaps it was the memory of an older man, a flag officer, threatening to skin a young man alive, and then learning what the real man inside the gruff exterior was truly like. Maybe, it was just the feeling that VADM John D. Bulkeley was there next to me again saying "Well done, Lee!"

After an hour at his resting place, I stood at attention and saluted. As I turned and walked down Sheridan Drive, I reflected on how truly lucky I was, back in the Navy, doing the work I had always enjoyed. I had come full circle. I had been honest enough with myself to realize my life needed more meaning professionally, and fortunate enough to have a family that supported me 100 percent, and allowed me to pursue my dream. And, once more, I had gotten to spend lunchtime with the admiral. ❑

CDR Lee Mandel, MC, USN, is Senior Medical Officer aboard the USS *Harry S. Truman* (CVN-75).

COMBAT CORPSMEN NATIONAL WAR MEMORIAL

Army COL Donald Ballard knows that Hollywood will not make an Oscar winning film about him. He witnessed carnage like that in 'Saving Private Ryan,' but the movie could not match Ballard's horrifying experience in Vietnam. Ballard served as a Navy hospital corpsman. He risked his life while dressing severed limbs and tying off arteries in ravaged chest cavities. Now he and a former Marine, Chuck Wright, are looking for a place in Kansas City to build the Combat Corpsmen National War Memorial. It would honor the men and women that saved others in combat. "It is the ultimate war, the ultimate price to pay in the war," said Ballard, a Medal of Honor recipient from North Kansas City, MO.

The $2.5 million memorial would honor some 6,000 Army, Navy, Air Force, and Coast Guard members who died while serving as corpsmen or medics. Their names would be etched on a 6- to 8-foot-tall, 96-foot-long granite arch. The names of about 50 corpsmen and medics who received the Medal of Honor would be engraved on the wall alongside their photos. The memorial would also include a life-size statue of a corpsman treating two comrades while a Marine protects them. It would stand under a 35-foot copper dome supported by four pillars, in front of the granite wall. Four fountains, benches, and flags representing each branch of service would round out the monument. When completed the memorial would stretch 300 feet, the length of a football field. Ballard and Wright expect the total complex to need 3-5 acres.

Wright and Ballard have not found a home for the memorial. They say it would be a coup for the host city because it would attract visitors from all over the country. They have personally collected $5,000 and have the sponsorship of the Bennet and Dennis Herrick Memorial American Legion Post 626, the Veterans of Foreign Wars Post 10906, and several other military organizations. A pre-dedication ceremony is scheduled for 14 August in conjunction with the VFW's 100th Anniversary Convention in Kansas City, MO. More information can be found at the website: www.corpsman.com, then select the Urgent Request site.

Reprinted from the Knight Ridder Newspapers

Out of Corpsmen: A Physician Remembers Inchon

Henry Litvin, M.D.

Photo courtesy of the author

LTJG Henry Litvin, MC, USNR

Physician Henry Litvin was a newcomer to the Navy, a recent medical school graduate of the University of Pennsylvania Class of '48. His specialty was family practice. As a city kid growing up in Philadelphia, Litvin admits he was not the outdoor type. Moreover, the demanding schedule of his 2-year rotating internship at Philadelphia General Hospital afforded him little time for physical conditioning nor did it include training in orthopedics. These shortcomings would soon become evident. Five days before he completed his internship, war began in a far off Asian country few Americans had even heard of.

Photos courtesy of Defense Visual Information Center

A Russian T-34 tank burns after being hit by Marine fire north of Inchon.

I drove up to Newport, RI, to start my Navy career in mid-July. I had my white uniforms, I had a tux, and I was all set for a great season. I was there 3 days when someone handed me orders that read FMF. I had no clue what FMF meant and I asked a fellow what this FMF was. Fleet Marine Force. I said, "You have the wrong person. I'm in the Navy." He then explained to me that the Marine Corps used Navy doctors. I assumed that since I was going to the Fleet Marine Force, I would probably wind up in Korea. When I got there and landed at Inchon, I hadn't had 1 minute of indoctrination, boot camp, or anything resembling training.

I flew out to Pendleton and that was kind of chaotic. I was sent to the Amtracs battalion and we were loaded aboard ship. When we got to Kobe after a 2- or 3-week trip, a lot of young officers reassured me "Not to worry, doc. You're going to be with an Amtrac battalion and you won't be with the infantry." So I took some comfort in that. But as soon as we got to Kobe I was transferred to an infantry battalion. I was a lieutenant (j.g.). Doc was my title.

I had to transfer from one ship to another in Kobe and it was in the middle of a typhoon, Typhoon Jane. I arrived aboard this vessel with a bunch of corpsmen soaking wet and reported to the commanding officer of Fox Company, who was sent over to get the battalion up to its three rifle companies. Each battalion had three rifle companies. The brigade had two and I joined Fox Company which gave them their third company. I was then transferred to the Second Battalion, 5th Marine Regiment and joined up with Fox Company. The Marines were fighting before Inchon and they were known as the First Provisional Marine Brigade. But they were short staffed. They only had two battalions per regiment and two companies per battalion.

When we got to Inchon some of the guys helped me put a pack on, which I could barely carry because I was not in good shape. I was a busy intern who didn't do

Invasion of Inchon, Korea. Four LST's unload men and equipment on the beach. Three of the LST's shown are LST-611, LST-745, and LST-715.

much about exercise or any kind of conditioning. I had a pack on my back for the first time on the 15th of September.

We were not briefed at all. I heard scuttlebutt. We were going to land somewhere. And then while I was standing there on deck I saw planes strafing the beach and vessels bombarding the beach. There was a war going on and I figured I was in trouble. I wondered how one avoided getting shot. I'm a doc and what am I supposed to do? It was 5:40 in the afternoon. There was a light rain and you could smell the cordite.

The tide had to be up because there were 30- or so foot tides and we had to get in while the tide was up because when it went out there were huge mud flats.

When I got to the edge of the ship, I saw a cargo net for the first time in my life. And I saw that little landing craft way down. I quickly ended up with my feet in one rung, my hands in the very next rung, and the rest of me hanging like a sack of potatoes. I was on my way down but had managed to get one foot at one level and my hands on the next level. Some Marine climbing down next to me guided me and I made it down.

I carried some medical equipment but mostly clothes and blankets, shelter halves, and an entrenching tool, stuff I'd never seen before. I didn't have a sidearm and had no training at all.

The next thing I knew we were hitting Red Beach. There was a 10-foot seawall. The front of the landing craft opened up and, of course, I saw these young kids running and climbing up that wall, so I figured I had better do the same thing. There was a hell of a racket—shells blowing up all over the place, ships firing overhead. I couldn't climb up that wall; I didn't have the strength. And then the next wave of Marines came in and I got thrown over it. I was in the eighth wave at Red Beach and was helped over that seawall by Marines from the ninth wave.

So we ended up on the beach being fired upon by the North Koreans and also from our own LSTs (landing ship tank). Their 20mm cannons were shooting at Korean positions but their fire was dropping into where we were.

I remember very vividly my first casualty. Actually that first casualty I couldn't treat. He was a sergeant major who stood up with a red bandanna and tried to wave off our LST's 20mm cannon fire. He was cut in half. Later on, we were in a little store we were using for an aid station. They brought a guy in with a gaping wound of his thigh. He had a tourniquet on below it—below the wound. He was completely bled out—white. That was the second casualty I saw. I couldn't do anything for him.

When you see the first wounded guy, you just do what comes naturally. The item we used most were battle dress-

ings. They looked like giant Band-Aids but instead of adhesive, you just wrapped them on the wound and tied them around. They were very handy.

There were two chief hospital corpsmen named Nunn and Hill, who I tried to follow and watch because I heard they had been in the Pacific. I figured they had some experience and knew what to do.

We were pinned down for maybe an hour or two. When I saw guys getting up and moving, I got up and moved with them. I didn't like the idea of being left alone. About then we came under mortar fire.

The first doctor I remember meeting was a Dr. Chester Klein who was with the Second Battalion, 5th Marines. He had been in combat at the Naktong River. I met him at some point between Inchon and Kimpo Airfield. He had been in combat but I don't know what his prior experience had been. I got the feeling afterward that when Korea broke out they shoved a lot of doctors over there with no training or indoctrination. At the time I felt scared half out of my mind. Afterward I learned that this was not an unusual experience for doctors.

The first night we stayed in a little hut in the town of Inchon. The second night we slept in an open field. About 2 or 3 in the morning everybody awoke to a very strange sound. It was the sound of tanks. It was a sound I'll never forget. Everybody got ready to do something. There was a lot of gunfire and then there were three loud explosions. The next day when we filed by the three tanks we were told that Marines with "bazookas" had taken them out. They were still smoking and there were the burned bodies of North Koreans.

There was something really important that happened between Inchon and Seoul and that was our battalion taking Kimpo Airfield. There were troops in front of us. The battalion headquarters company, which I was part of, was not in the lead. The rifle companies were in the lead and we came along behind them. You felt like you were walking onto this airfield and knew the enemy was around because you heard rifle fire and bullets whizzing. But it was getting dark. We were told to put our aid station there and we did. There didn't seem to be a whole lot going on. I guess we should have dug in but instead we got some litters and just flopped down on them.

In the middle of the night our eyes opened up. If you can imagine being flat on your back and looking up and seeing all these tracers crisscrossing the sky. That was quite an experience. And there was another sound you can't imagine, the sound of a battleship's 16-inch shells

U.S. Marines use scaling ladders to storm the seawall at Inchon.

Navy jeep ambulance evacuates wounded from an aid station to a regimental receiving hospital in Seoul.

flying overhead. They sounded like freight trains. I was scared to death. Someone said, "Don't worry, doc. They're going overhead. A day or two later, when we moved, we came across these huge craters and I was told they were the battleship hits, 16-inch shell craters.

The first night we were in what looked like a bombed out store near the English legation in Inchon. They brought wounded in and we treated them. The second night we were out in the field. The third and fourth nights we were still around Inchon in the open. Between Kimpo and Seoul was a series of fields. I was told, "Doc, there's your aid station." So that's where we worked. It was warm so I don't remember tents being set up. We were out in the open most of the time.

One thing that's bothered the hell out of me these past 50 years is that I don't even remember plasma or IV fluid, though I'm sure we used IV fluids. I just can't bring back a visual picture. There had to have been plasma and IV saline. There had to have been saline. It's blocked out of my memory. I can remember wounds. I can remember battle dressings. I can remember sulfa.

I was literally grasping at straws to treat shock. Stop bleeding, keep them flat, and evacuate them to the rear fast. I never knew about MASH until years later when the show came out. I remember sitting with my wife watching it and being furious. They were laughing and I never remember much laughter. I don't remember any laughter where we were.

As for the concept of medical evacuation, I had a basic assumption. There has to be a rear; I know I'm close to the front so there's gotta be somebody behind. Looking back, the wounded were evacuated by jeep and ambulance very fast. Patients didn't stay at the aid station long. To this day, I've never talked to a senior medical officer who could tell me what the evacuation route was. I'm only guessing that the casualties went back to regiment, then back to division or back to a medical company.

My medical unit consisted of 2 hospital chiefs and maybe 8 to 10 corpsmen of various grades at battalion level. Each of the three rifle companies had several corpsmen. What worried us was getting a call from a company saying, "Doc, we're out of corpsmen." And then we'd have to look around and send someone up to the rifle companies, which was like a death sentence. As it turned out, when all this was over, I thought back on

things. I had over a 100 percent replacement of corpsmen. The corpsmen up with the rifle companies were getting shot at an alarming rate and we were sending up replacements all the time. Had I had some training, I might have known the proper military procedure for picking replacements. But it seemed that the corpsmen I'd run into at the battalion aid level kind of stayed put and it was only in a desperate situation where I had to send one of them up. I didn't do much of the sending between Inchon and Seoul. It was only afterward when Dr. Klein left and a new doctor named Sparks joined us that I had to do the sending.

I recall being under a blanket with the chief corpsman and a flashlight. He was writing the names of these two blonde kids who were just off the ship. I remember talking with them and telling them they were going up to Dog, Easy, or Fox Company. And off they went. The next morning I got word from the CO.

"We need more corpsmen."

"I just sent you two."

"They're dead."

I took two kids and sent them up to die. I always felt personally responsible. There's a lot of guilt associated with that.

Moving toward Seoul after Kimpo was the worst fighting in terms of numbers of casualties. They were coming in at a terrible rate. We were working day and night, day and night. I remember jeeps with one or two litters on them and box ambulances. There was always a steady stream coming in. We were literally stopping bleeding, splinting fractures, giving something for pain, and sending them back. It seemed at battalion level you were just doing first aid. I don't know that I had any suture material and, even had there been any, you were never clean enough to do anything. It was an unbelievably chaotic nightmare. Again, at the time, I simply reacted to what was in front of me.

There were a number of times when guys died in your arms or if not your arms, you were kneeling next to them. Many times, the last word out of their mouth was Mom. Not God, not country but . . . Mom. Memories like that stay in your mind and never go away. ❑

Dr. Litvin practices geriatric psychiatry at Abington Memorial Hospital, Abington, PA.

LST-859 supports the amphibious assault at Inchon.

Book Review

***To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War* by Sister Mary Denis Maher. Greenwood Press Inc., Westport, CT. 178 pages, 1989**

With grants from several universities, foundations, and Catholic institutions, Associate Professor of English, Sister Mary Maher researches the impact of Catholic sister nurses in the Civil War. The first two chapters do not directly deal with healthcare provided during the period but provide a history of Catholic nuns in mid-nineteenth century America. Here we see the wave of immigration providing the bedrock for many orders in the United States. The author also explains how nursing care evolved from the patient being dependent upon family to an organized form of care. Monastic nuns took it upon themselves to write manuals on how to care for patients, dress wounds, and manage wards.

The opening shots on Fort Sumter and the dismemberment of the Union ushered in a wave of mobilization both North and South. The first year of the Civil War brought about needless deaths caused by a complete lack of planning by government and the military. Volunteers, many of them women, gratefully filled the void as the military could not deal with waves of casualties caused by bullets, cannon fire, and disease. Indeed, the latter claimed more lives than any instrument of war. As a result, the United States Sanitary Commission and Catholic orders responded to treating the sick and injured on the battlefield.

The author examines the prejudices experienced by women from doctors and male orderlies who felt threatened by their encroachment into what was a male dominated profession. Amazingly, Catholic sisters were accepted in their role, in part due to the Victorian mentality of the time. They were seen as angels of mercy. Moreover, the sexual morality and perceived motives of the time precluded single women from nursing the sick.

Six hundred seventeen sisters from 12 orders tended to both sides during the conflict. One of the orders chronicled, the Daughters of Charity, had 232 sisters serving 30 geographic regions. In describing the Battle of Gettysburg, one sister wrote, "All the country was a hospital, save space for the cemetery." During the bloodletting that was the Civil War, such descriptions might be attributed to every barn, church, school, and many a home used to house the sick and dying.

—LT Youssef H. Aboul-Enein, MSC, USNR, Plans, Operations and Medical Intelligence Officer, Naval Hospital, Great Lakes, IL.

Navy Medicine ca. 1887

The Old Naval Hospital, Washington, DC, is a fine example of Italinate, Greek Revival, and Second Empire architectural styles. Although suffering the ravages of neglect, this dignified and spaciously elegant landmark has retained its architectural integrity.

The Naval Medical Museum & Navy Medicine Memorial Foundation is a small group of Navy and Marine Corps veterans and citizens dedicated to commemorating the Navy Medical Department's rich heritage by converting the Old Naval Hospital into the Naval Medical Museum. For information on how you can help, write:

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